PI

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

— Helena, WT 59020-2501									
DUE DATES:		First Semester February 1 to County Superintendent February 15 to State Superintendent TE THIS CLAIM FOR STATE REIMBURSEMENT FOR				Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE THI	IS CLAIM FOR ST	ATE REIME	BURSEMEN	T FOR SCH	OOL BUS TRAN	NSPORTATION:		
This clain	n is for the	period beginning		,	20 and en	ding	,2	20	
			month	day		m	onth da	y	
CERTIF	ICATIO	N:							
The infor	mation on	this form is complete and	l accurate to the	e best of my kn	owledge.				
Date		Signat	are, Chair, Board	d of Trustees					
County:		Distric	t:				District Lev	vel:	
16 Gallatin			' Manhatt	an Elem			Elemen	itary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
59	3	1-MAUDLOW	62.4	1.57	71	01/05/05			
59	3	2-CHURCH	88	1.57	72	01/05/05			
59	3	3-ANCENY	80.4	1.80	84	01/05/05			
59	3	4A-Logan	57.8	1.57	71	01/05/05			
59	3	4-Logan	48.6	1.57	71	01/05/05			
59	3	5-Wooden Shoe	66.2	0.95	48	01/05/05			

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

Helena, WT 59620-2501								•		
DUE DATES:	repluary 1 to County Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIMI	BURSEMEN	T FOR SCH	HOOL BUS TRA	NSPORTATION:		
This clain	n is for the	period beginning	S		,	20 and e	nding	,	20	
			1	month	day		m	onth da	ny	
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date			Signatu	re, Chair, Board	d of Trustees					
County: District:							District Le	vel:		
16 Galla	tin		0348	Manhatt	an H S		High School			
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
41	3	1-MAUDLO	OW	62.4	1.57	71	01/05/05			
41	3	2-CHURC	Ή	88	1.57	72	01/05/05			
41	3	3-ANCEN	Y	80.4	1.80	84	01/05/05			
41	3	3 4A-Logan		57.8	1.57	71	01/05/05			
41	3 4-Logan			48.6	1.57	71	01/05/05			
41	3	5-Wooden S	Shoe	66.2	0.95	48	01/05/05			



CERTIFICATION:

16 Gallatin

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

0350 Bozeman Elem

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES:

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

Elementary

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

	The information on this form is complete and accurate to the best of my knowledge.								
	Date Signature, Chair, Board of Trustees								
	County:	District Level:							

Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
60	7	01	86	1.57	77	None		
60	7	03	77	1.57	77	None		
100	7	03F	14	1.57	77	None		
60	7	05	86	1.57	77	None		
100	7	05F	10	1.57	77	None		
60	7	07	61	1.57	77	None		
100	7	07F	26	1.57	77	None		
60	7	09	30	1.57	77	None		
60	7	11	115	1.57	77	None		
60	7	13	36	1.57	77	None		
60	7	15	74	1.57	77	None		
60	7	17	59	1.57	77	None		
100	7	17F	20	1.57	77	None		
60	7	19	30	1.57	77	None		
60	7	21	28	1.57	77	None		
100	7	21F	25	1.57	77	None		
60	7	23	46	1.57	77	None		
100	7	23F	20	1.57	77	None		
60	7	25	47	1.57	77	None		
60	7	27	87	1.57	77	None		
60	7	29	56	1.57	77	02/07/05		
60	7	31	43	1.57	77	None		
100	7	31F	15	1.57	77	None		
60	7	33	106	1.57	77	None		
60	7	35	74	1.57	77	None		
100	7	37	36	1.57	77	None		
60	7	37A	60	1.57	77	None		
100	7	37F	10	1.57	77	None		
60	7	39	41	1.57	77	None		
60	7	41	64	1.57	77	None		

1.57

None



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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

First Semester February 1 to County Superintendent February 15 to State Superintendent

Second Semester May 10 to County Superintendent May 24 to State Superintendent

S: COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0350 Bozeman Elem 16 Gallatin **Elementary** District Days Route Miles Rate **Bus Driver's** Per Mile Operated Social Security # Percentage # # Per Day Capacity Inspection 100 7 45 30 0.00 77 None 7 100 45F 10 0.00 77 None 7 47 186 77 60 1.57 None 7 49 60 1.57 77 None 60 7 77 100 49F 30 1.57 None 60 7 51 54 1.57 77 None 7 77 60 53 32 1.57 None 100 7 53F 1.57 77 10 None 7 75 77 55 1.57 60 None 7 77 60 57 44 1.57 None 100 7 57F 10 1.57 77 None 7 77 60 61 48 1.57 None 100 7 15 77 61F 1.57 None 7 64 1.57 77 60 63 None 7 30 77 60 65 1.57 None 100 7 65F 12 1.57 77 None 7 30 77 60 67 1.57 None 7 60 69 42 1.57 77 None 60 7 69A 70 1.57 77 None

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None

None

None

None

None

None

TR-6 (1/05) Page 2

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES:

County:

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

District:

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

District Level:

16 Gallatin 0351 Bozeman H S High School

To Guila		0331					IIIgh b	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
40	7	01	86	1.57	77	None	•	•
40	7	03	77	1.57	77	None		
40	7	05	86	1.57	77	None		_
40	7	07	61	1.57	77	None		_
40	7	09	30	1.57	77	None		_
40	7	11	115	1.57	77	None		_
40	7	13	36	1.57	77	None		
40	7	15	74	1.57	77	None		_
40	7	17	59	1.57	77	None		_
40	7	19	30	1.57	77	None		
40	7	21	28	1.57	77	None		-
40	7	23	46	1.57	77	None		
40	7	25	47	1.57	77	None		
40	7	27	87	1.57	77	None		
40	7	29	56	1.57	77	02/07/05		
40	7	31	43	1.57	77	None		
40	7	33	106	1.57	77	None		
40	7	35	74	1.57	77	None		
40	7	37A	60	1.57	77	None		
40	7	39	41	1.57	77	None		
40	7	41	64	1.57	77	None		
40	7	43	40	1.57	77	None		
40	7	47	186	1.57	77	None		
40	7	49	60	1.57	77	None		
40	7	51	54	1.57	77	None		
40	7	53	32	1.57	77	None		
40	7	55	75	1.57	77	None		
40	7	57	44	1.57	77	None		
40	7	61	48	1.57	77	None		
40	7	63	64	1.57	77	None		
40	7	65	30	1.57	77	None		

PI

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 0351 Bozeman H S 16 Gallatin **High School** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage Capacity Inspection 40 7 67 30 1.57 77 None 7 40 69 42 1.57 77 None 7 69A 70 77 40 1.57 None 7 71 33 1.57 77 None 40 7 73 77 40 33 1.57 None 40 7 75 101 1.57 77 None 7 77 77 40 64 1.57 None 40 7 79 98 1.57 77 None

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		Hele	na, M	T 59620-25	01		School Bus 1	Fransportation	County
DUE DATES:		February 1 February 1	to Cou 5 to Sta	ate Superint	endent		May 24 t	Second Semesto o County Supering o State Superinto	ntendent endent
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIME	BURSEMEN	T FOR SCH	OOL BUS TRA	NSPORTATION	l:
This clain	n is for the	period beginning	3		,	20 and en	ding		, 20
			:	month	day		n	onth d	lay
CERTIF	ICATIO	N:							
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.			
Date Signature, Chair, B				re, Chair, Board	d of Trustees				
County: District:								District L	evel:
16 Gallatin 0354 Willow Creek Elem						n		Eleme	ntary
Percentage	District #	Route #	•	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
70	J15-17	1		46	1.15	53	01/31/05		

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

	Helena, MT 59620-2501							School Bus Transportation -					
DUE DATES:		First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent					
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIME	BURSEMEN	T FOR S	CHOOL	BUS TRAN	ISPOR'	TATION:			
This clain	m is for the	period beginning	3		,	20 and	l ending			, 20	0		
month day month day								7					
CERTIF	ICATIO	N:											
The infor	mation on	this form is comp	lete and	accurate to th	e best of my kn	owledge.							
Date			Signatu	re, Chair, Board	d of Trustees								
County: District:										District Leve	el:		
16 Gallatin 0355 Willow Creek H S									High Sc	hool			
Percentage	District #	Route #	•	Miles Per Day	Rate Per Mile	Capacity	7 In	spection		ays rated	Bus Driver's Social Security #		
30	15	1		46	1 15	53	0	1/31/05					

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		Hele	ena, M	T 59620-25	01		School Bus Transportation -					
DUE DATES:		February 1 February 1	to Cou				Second Semester May 10 to County Superintendent May 24 to State Superintendent					
COMPL	ETE TH	IS CLAIM FO	OR STA	ATE REIME	BURSEMEN	T FOR SCH	IOOL BUS TRA	ANSPORTATIO	N:			
This clain	This claim is for the period beginning						and ending					
				month	day			month	day			
CERTIF	ICATIO	N:										
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.						
Date			Signatu	re, Chair, Board	d of Trustees							
County: District:							District 1	Level:				
16 Gallatin 0359 Cottonwood Elem							Eleme	entary				
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	5	Bus Driver's Social Security #		
82	22	13		39	1.57	71	12/29/04					

PI

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

DUE DATES:		Firs February 1 to (February 15 to				Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLI	ETE TH	IS CLAIM FOR S	TATE REIMI	BURSEMEN	T FOR SCI	HOOL BUS TRA	NSPORTATION:			
This claim is for the period beginning								20		
			month	day		r	nonth da	y		
CERTIFI	ICATIO	N:								
The infor	mation on	this form is complete	and accurate to th	e best of my kn	owledge.					
Date	Signature, Chair, Board of Trustees									
County:		Dis	rict:			District Level:				
16 Gallatin 0360 Three Forks Elem					Elementary					
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #		
67	J-24	Clarkston	82	1.57	71	01/10/05				
67	J-24	Lane	108	1.36	60	01/10/05				
67	J-24	Madison	93	1.36	60	01/10/05				
67	J-24	Trident	72	1.57	71	01/17/05				
		-								

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

	First Semester	Second S
DUE	February 1 to County Superintendent	May 10 to County S
DATES:	February 15 to State Superintendent	May 24 to State Sup
COMDITEE !	THIS CLAIM FOR STATE DEIMBURSEMENT FOR	CCHOOL DUC TDANCDODTA

DUE DATES:		February 1 t February 15			Second Semester May 10 to County Superintendent May 24 to State Superintendent					
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	URSEMEN	T FOR SCI	HOOL BUS TRA	NSPORT	CATION	•
This clain	n is for the	period beginning			,	20 and e	nding			, 20
			1	month	day		:	month	d	lay
CERTIF	ICATIO:	N:								
The infor	mation on	this form is compl	ete and	accurate to the	best of my kn	owledge.				
Date			Signatur	re, Chair, Board	l of Trustees					
County: District:					District Level:					
16 Gallatin 0361 Three Forks H S					High School					
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection		nys rated	Bus Driver's Social Security #
33	J-24	Clarkston	l	82	1.57	71	01/10/05			
33	J-24	Lane		108	1.36	60	01/10/05			
33	J-24	Madison		93	1.36	60	01/10/05			
33	J-24	Trident		72	1.57	71	01/17/05			

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

	Helena, MT 59620-2501						School Bus 1	ranspo	rtation		County	
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent					t	
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIME	BURSEMEN	T FOR SCH	OOL BUS TRA	NSPOR'	FATION:			
This clain	n is for the	period beginning	3		,	20 and en	ding		,	20		
	month day					m	onth	da	ay			
CERTIF	ICATIO	N:										
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.						
Date Signature, Chair, Board of Trustees												
County: District:								District Le	evel:			
16 Gallatin 0364 Gallatin Gateway Elem					Elem			Elemen	ntary			
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection		ays erated		Bus Driver	
100	35	1		53.2	1.57	71	01/17/05					

PI

County:

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

District:

School District Claim for State Reimbursement for School Bus Transportation

District Level:

State	
District	
County	

DUE DATES:	Testuary to to state supermeentent				May 10 to Count May 24 to State		
COMPLE	TE THIS CLAIM FO	R STATE REIM	BURSEMEN	T FOR SCHO	OL BUS TRANSPOR	ETATION:	
This claim is for the period beginning			20 and endir	8	, 20		
		month	day		month	day	
CERTIFI	CATION:						
The information on this form is complete and accurate to the best of my knowledge.							
Date		Signature, Chair, Boa	rd of Trustees				_

16 Gallatin 0366 Anderson Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Percentage Per Day Per Mile Capacity Inspection Operated Social Security # 100 41 2 South 16.2 1.57 71 01/06/05 100 71 41 North 21.4 0.00 01/06/05



School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

First Semester February 15 to State Superintendent

Second Semester May 10 to County Superintendent May 24 to State Superintendent

February 1 to County Superintendent S: COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District: District Level: 16 Gallatin 0368 Belgrade Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Social Security # Percentage # Per Day Per Mile Capacity Inspection Operated 82 44 1 57 1.57 71 12/29/04 82 44 10 34 1.57 71 12/29/04 82 44 10A 34 71 12/29/04 1.57 82 11 50 1.57 71 12/29/04 44 71 82 44 12 52 1.57 12/29/04 82 44 14 52 1.57 71 12/29/04 82 44 15 100 1.15 54 12/29/04 82 44 17 32 1.57 71 12/29/04 71 82 44 18 1.57 12/29/04 36 19 71 82 44 48 1.57 12/29/04 82 44 2 43 1.57 71 12/30/04 71 82 44 20 34 1.57 12/29/04 82 44 21 71 12/29/04 21 1.57 82 44 22 33 1.57 71 12/29/04 82 23 36 71 44 1.57 12/29/04 82 44 24 35 1.57 71 12/29/04 82 3 32 71 12/29/04 44 1.57 82 44 4 100 1.57 71 12/29/04 82 44 5 51 1.57 71 12/29/04 82 71 44 6 60 1.57 12/29/04 82 44 7 88 1.15 54 12/29/04 82 71 8 60 12/29/04 44 1.57 82 44 9 50 1.57 71 12/29/04



School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES:

County:

First Semester February 1 to County Superintendent February 15 to State Superintendent

District:

Second Semester May 10 to County Superintendent May 24 to State Superintendent

District Level:

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20_ month day month day **CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees

16 Gallatin 0369 Belgrade H S						High School			
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
18	44	1	57	1.57	71	12/29/04			
18	44	10	34	1.57	71	12/29/04			
18	44	10A	34	1.57	71	12/29/04			
18	44	11	50	1.57	71	12/29/04			
18	44	12	52	1.57	71	12/29/04			
18	44	13	39	1.57	71	12/29/04			
18	44	14	52	1.57	71	12/29/04			
18	44	15	100	1.15	54	12/29/04			
18	44	17	32	1.57	71	12/29/04			
18	44	18	36	1.57	71	12/29/04			
18	44	19	48	1.57	71	12/29/04			
18	44	2	43	1.57	71	12/30/04			
18	44	20	34	1.57	71	12/29/04			
18	44	21	21	1.57	71	12/29/04			
18	44	22	33	1.57	71	12/29/04			
18	44	23	36	1.57	71	12/29/04			
18	44	24	35	1.57	71	12/29/04			
18	44	3	32	1.57	71	12/29/04			
18	44	4	100	1.57	71	12/29/04			
18	44	5	51	1.57	71	12/29/04			
18	44	6	60	1.57	71	12/29/04			
18	44	7	88	1.15	54	12/29/04			
18	44	8	60	1.57	71	12/29/04			
18	44	9	50	1.57	71	12/29/04			

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North/HB

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena MT 59620-2501

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		Hele	ena, MT	59620-25		School Bus Transportation					
DUE DATES:		February 1 February 1		nty Superin			Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLI	ETE TH	IS CLAIM FO)R STA	TE REIME	BURSEMEN	T FOR SCH	IOOL BUS TRA	NSPORTATIO	N:		
This clain	n is for the	period beginning	g		,	20 and en	nding		, 20		
			n	nonth	day		month day				
CERTIF	ICATIO:	N:									
The infor	mation on	this form is comp	olete and a	accurate to the	e best of my kn	owledge.					
Date Signature, Chair, Board of Trustees											
County: District:								District	Level:		
16 Gallatin 0374 West Yellowstone K-12						K-12		High	School		
District Route Miles Rate					Capacity	Inspection	Days Operated		Driver's Security #		

77

01/14/05

PI

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE DATES:		February 1 February 1	5 to State	y Superin Superint	endent		Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRA									ΓΙΟΝ:		
This clain	n is for the	period beginning	3			, 20 and	ending		, 20		
			mo	nth	day		J	month	day		
CERTIFI	[CATIO]	N:									
The infor	mation on	this form is comp	lete and ac	curate to th	e best of my kr	owledge.					
Date	Date Signature, Chair, Board of Trustees										
County:			District:					Dis	strict Level:		
16 Galla	tin		0375)phir E	lem			El	lementary		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operate		Bus Driver's locial Security #	
100	72	1		61	1.57	77	01/10/05				
100	72	2		38	1.57	71	01/10/05				
•							•	•			

0	PI

100

100

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75

Bozeman

Highline

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

16.2

17.6

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

	<u> </u>		T 59620-25		School Bus Transportation Coun							
DUE DATES:	:	February 1	to Cou	emester inty Superinate Superint			Second Semester May 10 to County Superintendent May 24 to State Superintendent					
COMPL	ETE TH	IS CLAIM FO	R STA	ATE REIME	BURSEMEN	T FOR SCH	OOL BUS TRA	NSPOR'	TATION:			
This clain	m is for the	period beginning	g		,	20 and en	iding		,2	20		
				month	day		n	onth	da	ıy		
CERTIF	ICATIO:	N:										
The info	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.						
Date			Signatu	ıre, Chair, Board	d of Trustees							
County:			District	i:					District Lev	vel:		
16 Gallatin 0376 Amsterdam Elem									Elemen	ıtary		
Percentage	District #	Route #	•	Miles Per Day	Rate Per Mile	Capacity	Inspection		ays erated	s	Bus Drive Social Secu	
100	75	Amsterda	m	36.2	1.57	71	12/29/04					
100	75	Belgrade	e	10	1.80	84	12/29/04					

84

78

12/29/04

12/29/04